MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Compliance**		
Title:	**Compliance Reporting and Investigations**		
Policy: ☐ **Procedure:** ☒ **Page:** 1 of 4	**Review Cycle:** Biennial **Author:** Chief Compliance and Quality Officer	**Adopted Date:** 11.2.2021 **Review Date:** 11.10.2026	**Related Policies:** Compliance Reporting and Investigation

Purpose

The Mid-State Health Network (MSHN) Compliance Investigation Procedure defines the process by which reports involving suspected fraud, waste and abuse and wrongdoing shall be investigated, documented, and resolved.

Procedure

The following process will be followed in accordance with the MSHN Compliance Plan: Reporting and Investigation section.

I. Investigation Process

- Participant Community Mental Health Services Programs (CMHSPs) and Substance Use Disorder (SUD) providers will report suspected compliance issues within ten business days of discovery to the MSHN Compliance Officer (CO) when there is suspected fraud or abuse.
- Within five business days of receiving a report, the MSHN CO shall provide a written acknowledgment of receipt to the individual making the report (if known) and conduct an initial assessment to determine whether the report has merit and warrants further investigation.
- If it is determined that the matter does not constitute a violation of any applicable laws or regulations and warrants no further action, the issue will be closed following the appropriate documentation and reporting by the MSHN CO.
- If it is determined that the matter does not constitute a violation of any applicable laws or regulations but does identify an area for improvement or raises concern for potential future violations, the matter will be referred to the appropriate MSHN Council/Committee or staff person for any needed follow up action if appropriate.
- If it is determined that the matter requires further investigation, the MSHN CO will first review the information and assess if reporting to the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General (OIG) should take place. The MSHN CO shall take the necessary steps to assure that documents or other evidence are not altered or destroyed through the following means, as applicable:
    - Suspending normal record/document destruction procedures;
    - Taking control of the files of individuals suspected of wrongdoing;
    - Limiting access of files, computers, and other sources of documents by individuals suspected of wrongdoing; and/or
    - Taking additional action as necessary to ensure the integrity of the investigation that could include temporary suspension, or temporary re-assignment of duties, of involved individuals.
- If the MSHN CO concludes that reporting to a government agency (Centers for Medicare and Medicaid Services (CMS), OIG, and/or Attorney General) or a third party may be appropriate, the MSHN CO shall report to the government agency(s) within three business days following the determination of the need to report. The MDHHS OIG Fraud Referral Form will be used for reporting. If necessary, the appropriate CMHSP Participant/SUD Provider Compliance Officer will be notified.
- No further investigation shall occur until the MSHN CO has confirmed with the MDHHS OIG to proceed. However, appropriate steps shall be taken to ensure consumer safety.
- Once confirmation from the MDHHS OIG is obtained, the MSHN CO shall provide direction to the appropriate staff and/or provider(s) based on the guidance/direction given by the MDHHS OIG.

- If MDHHS OIG confirmation is not obtained and/or MDHHS OIG instructs MSHN to not conduct any further investigation, the MSHN CO shall document the MDHHS OIG communication and follow up with the MDHHS OIG within thirty (30) days to obtain an update on the case.

II. Resolution Process

- Following the investigation, the MSHN CO will document and report a summary of the findings to the MSHN Corporate Compliance Committee. In cases where actions of the MSHN CEO are investigated, the report of findings is made to the Executive Committee of the MSHN Board of Directors.
- If the occurrence involved a MSHN employee, disciplinary action will be taken in accordance with MHSN's policies and procedures and Personnel Manual.
- If the occurrence involved a CMHSP/SUD Provider, the CMHSP/SUD Provider shall submit a remedial action plan to address any confirmed violations or address areas of concerns raised during the investigation.

III. Documentation Process

- A record will be maintained by the MSHN CO and/or the CMHSP/SUD Provider Compliance Officer or designee for all reports of potential/alleged violations. The record will also include copies of interview notes and documents reviewed and any other documentation as appropriate.
- Records will be maintained in accordance with the "State of MI, Department of History, Arts and Libraries – Record Management – Records Retention and Disposal Schedule". http://www.michigan.gov/documents/hal/mhc_rm_gs20_195724_7.pdf
- The investigation process and outcome will be documented using the Healthicity compliance software. The templates within Healthicity will be completed for each activity, in real time, or as soon as practicable as the activity progresses, until completion. MSHN will utilize this information for required reporting to MDHHS-OIG.

Required Reporting:

All compliance investigations will be reported/documented utilizing the Healthicity compliance software. The templates within Healthicity will be completed for each activity, in real time, or as soon as practicable as the activity progresses until completion. MSHN will utilize this information for required reporting to MDHHS-OIG.

The following is the process for requesting, approving, granting, modifying, reviewing, and terminating Healthicity user access to ensure:

- MSHN Compliance Officer and/or Designee
  - Determine MSHN staff access and level of access
  - Create and modify templates as appropriate for OIG reporting.
  - Processes access request forms and grants access.
  - Generate a report and review data from all activities in the system for all locations that are identified as OIG-reportable.
- CMHSP Compliance Officers and/or Designee
  - Identifies appropriate staff and access level
  - User modification requests, such as access levels or removal from the system.
  - Enter compliance activities and update them as they progress to ensure accurate reporting to the OIG.
  - Complete quarterly checklist requests.
- MSHN and CMSHPs share responsibility for ensuring that users with system access, or those requesting it, have appropriate access levels.
  - New Access or Access Modification
    - Compliance Officer and/or Designee submit Access Request form.

- MSHN grants access within five (5) business days of receiving the request.
- Confirmation email is sent to the user and the requester.
- MSHN files completed the Access Request form.

- For instances such as employee separation, employee role change (no longer requiring access, and upon any identified security concern requiring access termination.
  - Compliance Officer and/or Designee submit Access Request form. If a security concern has been identified, submit the form via "Urgent/high importance" email.
  - MSHN removes access within three (3) business days and immediately for those requests identified as a security concern.
  - MSHN confirms the update via email to the requester.

Applies to:

☒All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒MSHN's CMHSP Participants: ☐Policy Only ☒Policy and Procedure
☒Other: Sub-contract Providers

Definitions:

Abuse: Provider practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet the professionally recognized standards for health care.
CMHSP: Community Mental Health Service Program
CMS: Centers for Medicare and Medicaid Services
CO: Compliance Officer
Fraud: The intentional deception or misinterpretation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
OIG: Office of Inspector General
Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.
SUD: Substance Use Disorder
Waste: Overutilization of services, or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions, but rather the misuse of resources.

Other Related Materials:

MSHN Compliance Plan
MSHN Compliance Investigation Reports Office of Inspector General Fraud Referral Form

References/Legal Authority:

1. 42 Code of Federal Regulations 455.17 – Reporting Requirements
2. 42 Code of Federal Regulations 438.608: Program Integrity Requirement
3. 42 Code of Federal Regulations, Part 2: Confidentiality of Substance Use Disorder Patient Records
4. State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: R. Program Integrity
5. Michigan Mental Health Code

Change Log:

Date of Change	Description of Change	Responsible Party
08.2021	New Procedure – information from attachment F of the Compliance Plan	Chief Compliance and Quality Officer
08.2023	Biennial Review; Updated related materials and references	Chief Compliance and Quality Officer
05.2026	Updated documentation process and added reporting process	Chief Compliance and Quality Officer